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CONFIRMATION NO. 2905

<b>SERIAL NUMBER</b> 10/693,443	<b>FILING OR 371(c) DATE</b> 10/27/2003 <b>RULE</b>	<b>CLASS</b> 482	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 060012-0301882	
<b>APPLICANTS</b> Kevin Gerschefske, Springfield, MO; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/440,610 01/17/2003 <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 01/23/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>he</i> Examiners Signature Initials		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 00909					
<b>TITLE</b> Exercise apparatus with resilient foot support					
<b>FILING FEE RECEIVED</b> 1332	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		